

# Arizona State Retirement System

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## Long Term Disability (LTD) Plan Employer Guide



**Sedgwick CMS, Inc.**

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## Section

# 1

## Long Term Disability Employee Booklet

In this section is the Arizona State Retirement System (ASRS) Long Term Disability (LTD) Plan Employee booklet (revised 09/19/2007). The booklet will give a complete overview of the Disability Plan through the ASRS.

This book should be given to the Employee on their date of hire, and at the time they are given their disability packet.

To obtain copies of this booklet visit the ASRS website at [www.azasrs.gov](http://www.azasrs.gov). The booklet is housed in the Non-Retired Member section under Long Term Disability.



## Section

# 2

## Procedures for Submitting Long Term Disability Claim

### 1. When Should Claim information be given or sent to an Employee?

- An Employee should be sent notification of the Long Term Disability (LTD) Plan after they have been unable to work due to sickness or injury or have been working limited duty for **two** consecutive months. Limited duty means the employee has not been performing the usual duties of their job due to restrictions or limitations requested by their physician.
- Provide the employee with the LTD claim packet along with a copy of the disability Plan booklet.
- Upon completion of the claim packet (directions below), please forward to Sedgwick CMS, Inc.

Waiting to submit a claim until after the six-month qualifying period has been satisfied can delay the issuing of any benefits and incur late submission fees. Early submission allows our office to obtain any additional information from doctors or employers that may be necessary and allows us to possibly approve the claim prior to the commencement of benefits.

7. You should have a supply of the employee & employer claim packets at your facility. If you need to replenish your supply, please visit the ASRS website at [www.azasrs.gov](http://www.azasrs.gov). The packets are housed in the Employer section under Long Term Disability.



## 2. What Forms are required for submission with an LTD claim and what forms are included in the employee claim packet?

*The Employee claim packet consists of the following forms:*

- **Attending Physician Statement** - This is to be completed by the employee's primary care physician (the physician who is most familiar with the employee's medical condition).
- **Long Term Disability Claim Statement** - This is to be completed by the employee.
- **Social Security Authorization** - This is to be completed by the employee in order for Sedgwick CMS to request Social Security information.
- **Federal Tax Form** – This is to be completed by the employee to determine the amount of federal taxes to be withheld from the benefit. Please note that 50% of the LTD benefit is taxable.
- **Arizona State Tax Form** – This is to be completed by the employee to determine the amount of state taxes to be withheld. Since this program is administered out of the state of Arizona the LTD benefit is 50% taxable for recipients that receive this benefit.

*The Employer Claim packet – Please note the following should be clearly documented on the employer section of the claim statement.*

- **Sick Leave/Donated Sick Leave** - Please advise the date as to when this is exhausted. If sick leave is paid beyond the date LTD payments commence, the LTD payment will be reduced by sick pay until it is exhausted.
- **Unpaid Leave Of Absence** - For eligible participants on unpaid leave of absence as of the date disability is documented, and therefore, whose earnings are \$0 as of the date of disability, the minimum monthly benefit of \$50 is payable. For this reason, it is necessary to



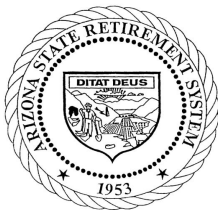
know exactly when sick leave, vacation, and donated times are exhausted.

- **Vacation/Donated Leave** - When is this exhausted? While this does not affect the amount of the calculated Long Term Disability benefit, it can affect the situation of an unpaid leave of absence.
- **Short Term Disability** - Did the employee receive any Short Term Disability benefits? If yes, were the premiums paid by the employee or the employer? If the employer paid the premiums, please provide the name and address of the Short Term Disability carrier. Short Term Disability benefits may be offset from LTD benefits if they pay for a duplicate period of time.
- **Job Description (Part 2 of employer portions of claim packet)**- This is to be completed by the supervisor (or other similar level in relation to the employee), so that we may be provided with accurate physical/nonphysical requirements of the job.

You will need to keep a supply of the employee, employer, attending physician, Social Security authorization and Federal/State Tax withholding forms available for employees at your facility.

### **3. What if an Employee is receiving Workers Compensation Benefits?**

- If Worker's Compensation benefits are being paid, the employee should also apply for LTD, as he/she may be entitled to receive benefits under the LTD Plan
- If the disability is a result of an injury at work, please provide the name, address and phone# of the carrier under "Remarks" on the employer's statement. Please provide the amount of any Worker's Compensation benefits that have been paid, as these may affect the calculation of LTD benefits.



#### **4. What if an employee is or has been working in a modified or limited duty position?**

- An employee that is or has been working modified or limited duty full-time and/or part-time is still eligible to apply for disability benefits.
- Limited duty is defined as being unable to perform the usual duties of your job, as medically substantiated by a physician.
- If an employee is or has been working modified or limited duty during or after the six-month waiting period. The employer will need to send Sedgwick CMS copies of payroll records and time cards to reduce any earnings from the LTD benefit.

#### **5. If you have a question whom should you call?**

- **Disability Benefit Specialist (DBS)** – A DBS can help you with status of claim and benefit payment, any questions regarding what is going on with the claim, and any claims issues.
- Claims are assigned to a Disability Benefit Specialist based on the last name of the employee. The assignment is subject to change without notice due to staffing changes. The current assignment can be found in **Section 6** of this booklet. As assignments are changed, you will receive an updated list.
- **Claims Supervisor** – If you are unable to reach a DBS, a supervisor will be able answer your questions. You can speak with a supervisor if you have concerns with the status of a claim. Supervisors will have information regarding appeals and the appeal process.
- **Claim Manager** – If you are unable to reach a supervisor or have concerns with any aspect of the claim management process, please contact the Claims Manager.

*For current contact information, please see Section 6 of this booklet.*



## Section

# 3

## Long Term Disability Plan Claim Packet

### *Instructions for Employer:*

1. After your employee has been off work for 2 months due to their disability, please give them the Employee LTD Claim Packet to complete. The packet should contain the following:
  - a) Cover Letter
  - b) Employee Claim Statement
  - c) W-4
  - d) A-4
  - e) Attending Physician's Statement
  - f) Answers to Commonly Asked Questions
  - g) ROI
  - h) Social Security Authorization
2. Tell the employee to complete and sign the first four forms. The employee will need to take the Attending Physician's Statement to their doctor's office and have their physician complete and sign that form. Once this is done, all of the forms should be returned to you.
3. Once you receive a completed packet from the employee, you will need to complete and sign the Employer's Notice of Claim form. (*See Section 2, Procedures, for instructions on how to complete the Employer section of the claim packet*).
4. After steps 2 and 3 are done, forward the entire employee's packet, along with the Employer's Notice form to Sedgwick CMS at P.O. Box 9830, Calabasas, CA 91372-0830.





5. Sedgwick CMS will keep you informed of the status of the claim with email notification upon claim approval, denial or termination and a monthly claim activity report. You may call Sedgwick's voice response unit at (800) 495-9301, 24 hours a day, 7 days a week, to find out the status of your employee's claim.

The only information you will need is the employee's Social Security Number and year of birth. If you do not receive the information you are looking for through the voice response unit, you may call between the hours of 5:00 a.m. and 5:00 p.m. Pacific Time, Monday through Friday, to speak to a Customer Service Representative.

6. If you have any questions regarding the packet, how to complete it, etc., please feel free to call Sedgwick CMS at (800) 495-9301 and you will be walked through the process.
8. To obtain additional copies of the packets, please visit the ASRS website at [www.azasrs.gov](http://www.azasrs.gov). The packets are housed in the Employer section under Long Term Disability.



## Section

# 4

## Frequently Asked Questions

### **Should an employee apply for Long-Term Disability if they are on Workers' Compensation?**

Yes. Workers' Compensation does not disqualify an employee from LTD benefits.

### **When should an employee apply for LTD?**

LTD should be applied for as soon as the doctor states an employee will not be able to return to work within 6 months from their last day of work. You should counsel any potential claimants to have this discussion with their doctor at 2 months after the last day worked.

### **How do I obtain more claim forms, attending physician statements, booklets, etc.?**

You may obtain copies of the claim packets by visiting the ASRS website at [www.azasrs.gov](http://www.azasrs.gov). The packets are housed in the Employer section under Long Term Disability.



**If an employee has to reduce their hours, are they eligible for benefits?**

Yes, the definition of disability state an employee is disabled if they are medically unable to perform all the regular duties of their own occupation. Therefore, an employee who is working reduced hours or limited job functions, under the advise of a licensed physician, may qualify for benefits.

**Do we have to terminate an employee when they go on LTD?**

No. Many employees are able to return to work after they have recovered. You may even bring a person back at a reduced schedule without causing their claim to close. Each case must be reviewed on its own merit. The member, DBS and employer need to work together to achieve the appropriate outcome.

**Do we have to include the Attending Physician Statement when we mail in the Claim Statement?**

No. An employee may choose to have their doctor mail the Attending Physician Statement directly to Sedgwick CMS. However, the claim will not be reviewed until both documents are received.

**How do I get a report of active claimants?**

The Account Manager will set you up to receive monthly reports via email or fax on your claimants.

**How do I check the status of a claim?**

You may use the automated attendant on the Sedgwick CMS toll-free number (800) 495-9301. Using the prompts enter the social security number of the employee and the date of birth. If the attendant states you have given an invalid social security number Sedgwick CMS has not yet received the claim information.



### **How long does it take to process a claim?**

Each case must be reviewed on its own merit, however typically the process is approximately 90 days or less. Once a claim is received, Sedgwick CMS will contact the employee by mail or phone of the status of the claim.

### **Is an employee able to receive Social Security Benefits and also receive LTD benefits?**

Yes, they can receive benefit payments from both Social Security and Sedgwick CMS. According to the Arizona Law depending on what kind of benefit the employee is receiving from Social Security a percentage of Social Security benefits will be used to reduce the LTD benefit.

### **Is an employee able to receive retirement from ASRS and also receive an LTD benefit from Sedgwick CMS?**

No, if an employee applies for their retirement through the ASRS, they are not eligible to receive LTD benefits.

### **May an employee work during the six-month qualifying period?**

Yes, they can work limited duty during the six-month qualifying period if instructed by a physician. Limited duty means, the employee has not been performing the usual duties of their job due to restrictions or limitations requested by their physician.



## Section

# 5

## Reports and Notification Emails

In this section are samples of the email notifications and reports that you as an employer would receive from Sedgwick CMS. Sedgwick CMS has the ability to set you up in the system to automatically receive emails and reports on a regular basis. If at any time you do not wish to receive the information, you should contact Barry O'Dowd, Account Manager, for assistance.

***NOTIFICATION EMAIL SAMPLES ARE AS FOLLOWS:***



## **Notification of Claim Received Email**

When Sedgwick CMS has received a completed claim packet from your office you will receive this email or fax notification. Sedgwick CMS will then begin to process the claim, which consists of confirming eligibility with your office and ASRS. Sedgwick CMS will also gather medical information that will assist in the decision making process of the claim. This process typically takes 30-90 days, but could be longer depending on the situation, and what information we are waiting for.

From: Sedgwick CMS (Your Disability Claims Administrator)  
Re: LTD Initial Claim Notification - Jones, George

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The following employee has submitted a long term disability claim with us.

Last Name: JONES

First Name: GEORGE

Dept. Nbr: 123

Date of Disability (as reported by employee): 16-JUL-2001

Last Day Worked (as reported by employee): 16-JUL-2001

--(Please do not change anything above this line)--

If any of the information above is incorrect, please indicate corrections below and reply to this e-mail.

Please send all responses to: \_\_\_\_\_@SedgwickCMS.com

Our customer service phone number is: (800)495-9301 or

[www.sedgwickcms.com/calabasas](http://www.sedgwickcms.com/calabasas)



## **Return to Work Email Notification**

This email is sent when Sedgwick CMS receives notification that the employee has return to work to your facility or any other facility and the claim will be closed.

From: Sedgwick CMS (Your Disability Claims Administrator)  
Re: LTD Return to Work Confirmation - Jones, George

---

Sedgwick CMS has received a confirmed Return to Work Date on the following employee, therefore the LTD claim for this employee will be closed.

Last Name: JONES  
First Name: GEORGE  
Dept. Nbr: 123  
Return to Work Date: 02-MAR-2001

--(Please do not change anything above this line)--

**PLEASE DO NOT REPLY TO THIS E-MAIL IF ALL OF THE ABOVE INFORMATION IS CORRECT.**

If any of the information above is incorrect, please indicate corrections below and reply to this e-mail.

Please send all responses to: \_\_\_\_\_@SedgwickCMS.com  
Our customer service phone number is: (800)495-9301 or  
[www.sedgwickcms.com/calabasas](http://www.sedgwickcms.com/calabasas)



## Approval Email

This email is sent once Sedgwick CMS has determined the employee has met all the eligibility requirements outlined by the Plan Statutes and benefits will be issued.

From: Sedgwick CMS (Your Disability Claims Administrator)  
Re: Notification of Initial Approval of LTD Claim - Jones,  
George

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The following employee has had their LTD claim approved.

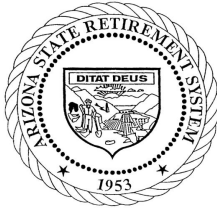
Last Name: JONES  
First Name: GEORGE  
Dept. Nbr: 123  
Claim Number: 123456  
Date of disability: 15-AUG-2001

--(Please do not change anything above this line)--

If any of the information above is incorrect, please indicate corrections below and reply to this email.

Please send all responses to: \_\_\_\_\_@SedgwickCMS.com  
Our customer service phone number is: (800)495-9301 or  
[www.sedgwickcms.com/calabasas](http://www.sedgwickcms.com/calabasas)





## **Termination/Denial Notice Email**

This email is sent when Sedgwick CMS has terminated benefits on a claim due to reaching normal retirement, refunding ASRS contributions, death, or denial.

From: Sedgwick CMS (Your Disability Claims Administrator)  
Re: LTD Claim Denial/Termination Notice - Jones, George

---

SEDGWICK CMS has denied or terminated the LTD claim for the following employee:

Last Name: JONES  
First Name: GEORGE  
Dept. No. 123  
Claim Status Reason: Denied - Medical info does not support disability

--(Please do not change anything above this line)--

PLEASE DO NOT REPLY TO THIS E-MAIL IF ALL OF THE ABOVE INFORMATION IS CORRECT.

If any of the information above is incorrect, please indicate corrections below and reply to this e-mail.

Please send all responses to: [\\_\\_\\_\\_@SedgwickCMS.com](mailto:____@SedgwickCMS.com)  
Our customer service phone number is: (800)495-9301 or  
[www.SedgwickCMSinc.com](http://www.SedgwickCMSinc.com)



## Monthly Claims Activity Report

Please note that the Monthly Claims Activity Report needs to be requested through the Account Manager, (See Section 6 for contact information). Once Sedgwick CMS has processed your request and your email address you will receive the report monthly via email or fax.

Shows all the claims activity for the prior month. It is sent out via email at the end of each month.

Prepared by: Sedgwick CMS.  
Date Run: 07/01/2003  
Page 1

CLIENT NO:0555 XYZ COMPANY  
REPORT NO: 1 MONTHLY LTD CLAIMS ACTIVITY REPORT  
PERIOD REPORTED: 01-JUN-2003 THRU 30-JUN-2003  
PLAN NO: 181516 XYZ COMPANY - LTD

N N A M E	S	DIS	CURR	BEN	DEPARTMENT/COST	CTR	WK	DIAG	CODE	DIS-START	BENEFIT	APPROVED	LTD	GROSS	OFFSET	OFFSET	ADJ-
GROSS WKRS CLAIM	E	AGE	AGE	CLS	-----	ST	-----	START	THRU	MONTHLY	BENEFIT	CODE	AMOUNT				
BENEFITS COMP STATUS	W	SOC-SEC-NBR/	X		DIVISION	/WORK LOC	DIS-END	DATE	DATE	BENEFIT	THIS MTH						THIS
MTH STAT CODE																	
EMPLOYEE NBR																	
LAST NAME, FIRST	M	46	54	2	010033	/	CA 586	04/09/1991	10/09/1991	07/25/2009	\$4,420.00		\$4,420.00	1	\$1,069.00		
\$3,351.00	A-01				ADMN	/010033											
4243																	
LAST NAME, FIRST	F	63	65	2		/	CA 323.9	05/07/1997	11/07/1997	11/06/2000	\$2,208.27		\$2,208.27	22	\$846.00		
\$1,362.27	A-03				1	/											
1463																	
LAST NAME, FIRST	F	44	45	2	2010	/	CA 977	04/13/1998	10/13/1998	10/12/1999	\$6,461.56		\$6,461.56				
\$6,461.56	A-01				4	/											
07598																	
LAST NAME, FIRST	F	38	43	2	010700	/	CA 729.1	01/28/1995	07/28/1995	02/04/2021	\$2,187.03		\$2,187.03	1	\$1,061.00		
\$596.03	A-02				C/S	/									16	\$530.00	
2030																	
LAST NAME, FIRST	F	46	53	1	240930	/	CA 722.2	01/20/1992	07/20/1992	10/05/2010	\$1,032.72		\$1,032.72	1	\$703.00		



LAST NAME, FIRST	M 35 35 0	/	CA 152	11/06/1998	02/21/1999	\$0.00	\$0.00		
\$0.00 C-55	2814	3		02/21/1999					
LAST NAME, FIRST	M 38 45 1	040320 /	CA 300.5	03/25/1992	09/25/1992 12/06/2018	\$3,825.28	\$3,825.28	1	\$1,198.00
\$2,627.28 A-03	56008	CSD /040320							
LAST NAME, FIRST	F 40 41 0	/	CA 296.22	11/11/1998	04/04/1999	\$0.00	\$0.00		
\$0.00 P-11	05879	5							
LAST NAME, FIRST	F 57 59 1	010109 /	TN 715	02/26/1997	08/26/1997 09/05/2004	\$936.00	\$8,605.16	1	\$7,685.81
\$0.00 A-02	6716	C/S /						36	\$919.35
LAST NAME, FIRST	F 41 42 1	9360 /	CA 431	02/18/1998	08/18/1998 08/18/1999	\$1,093.22	\$1,093.22		
\$1,093.22 A-02	07391	3							

Prepared by: Sedgwick CMS, Inx.  
Date Run: 06/01/1999

Page 2

CLAIM SUMMARY FOR PLAN NO. 181516 XYZ COMPANY - LTD

(01-MAY-1999 THRU 31-MAY-1999)

	CURRENT MONTH	CURRENT YEAR	END OF CURRENT MONTH	END OF PRIOR MONTH
No. New Claims Received	0	2		
No. New Claims Processed	0	2		
No. Claims Paid First-Time	0	1		
No. Reopened Old Claims	0	1		
No. Claims waiting for Additional Information			0	0
No. Pending Claims			1	2
No. Claims in Active Payment Status			8	7
No. Suspended Claims			0	1
No. Reopened Claims Closed	0	0		
No. Claims Closed First Time	1	3		
No. Closed Claims	1	3		
Paid Gross Benefits (less refunds)	\$29,833.24	\$132,643.03		
Offsets Taken	\$14,012.16	\$71,412.01		
Paid Adj-Gross Benefits (less refunds)	\$15,821.08	\$61,231.02		
Paid Days	496	1,559		
No. Checks/Vouchers Issued	9	41		

EXPLANATION OF CLAIM STATUS REASON, WORKERS COMP STATUS AND OFFSET CODES



## ***CLAIM STATUS REASON CODES:***

Also included in this section is a list of Claim Status Reason Codes. These will correspond with the codes on the reports, so that you can see specifically the current status of the claim at the time you receive the report.

### EXPLANATION OF CLAIM STATUS REASON, WORKERS COMP STATUS AND OFFSET CODES

Waiting Claim Status Reason Description	Pending Claim Status Reason Description	Suspended Claim Status Reason
W-03 Waiting for additional information information	P-55 Appeal of Denial - awaiting info from EE	S-31 Awaiting third party liability
W-04 Employee's Claim Form is incomplete employment info	P-56 Appeal of Denial - awaiting info from attorney	S-32 Awaiting other employer/self
W-05 Employer's Notice is not yet entered into system	P-57 Appeal of Denial - awaiting add'l medical info	S-33 Awaiting SDI Plan Award Notice
W-06 Physician's Statement is incomplete change	P-58 Appeal of Denial-complete claim review in process	S-34 Reviewing possible benefit rate
W-07 Waiting for Claim Packet Process	P-59 Appeal of Denial-awaiting appeals reviewers decis	S-35 Recalculation of Benefits in
W-08 Holding Claim - No SEDGWICK CMS Management to DBS	P-60 Appeal of Denial - awaiting decision from ER	S-36 Supervisor reviewed - referred back
W-31 Waiting for Eligibility Info & Physician's Cert Plan benefit	P-61 Awaiting Job Description	S-37 Work Comp benefit currently exceeds
W-32 Waiting for Physician's Certification DBS	P-62 Claim Forms Recv'd, awaiting examiner review	S-38 Nurse reviewed - referred back to
W-33 Waiting for Eligibility Information Info (ROI)	P-63 No Claim Forms Recv'd, awaiting examiner review	S-39 Awaiting return of ee's Release of
W-34 Waiting for Employee Claim Information	P-64 Physician file review rec'd - awaiting review	S-40 Awaiting Manual Check Calculation
	P-65 Inactive Code	S-41 Appeal of Termination - CVP
	P-66 Manager Approved - awaiting payment calculation	S-42 Appeal of Termination - Hawaii
	P-67 Inactive Code	S-43 Appeal of Termination - New Jersey
	P-68 Manager reviewed - referred back to DBS	S-44 Appeal of Termination - New York
	P-69 Appeal of Denial - County Claim	S-45 Awaiting Medical Records Review
	P-70 Appeal of Denial - State Disability Ret. Plan	S-46 Employer Paying Wage Loss
	P-71 Disability Approved - Awaiting Eligibility Info	S-47 Non-Payable Period of
Pending Claim Status Reason Description		
P-03 Awaiting Workers' Compensation Information	P-72 Appeal of Denial - County Hearing	S-48 Awaiting Manager's Review
P-04 Awaiting additional information from Doctor	P-73 Appeal - Client Jurisdiction	S-49 Manager reviewed - referred back to
P-05 Awaiting additional information from Employer Disability(Full Pay from ER)		S-50 Awaiting Return to Work
P-06 Awaiting more complete claim form from Employee	P-74 Pending Expense Payment	
P-07 Awaiting more complete claim form from Physician Supervisor		S-51 Appeal of Termination - County
P-08 Awaiting medical records Confirmation	P-75 Awaiting Employee's LTD Claim Packet	
P-09 Awaiting State Disability Plan award notice Claim		



P-10 Awaiting copy of State EDD payment stub - Mem Hosp  
 P-11 Awaiting results of Independ. Medical examination Manager  
 P-12 Awaiting for State to refer claim file Information  
 P-13 Awaiting copy of State SDI pay stub from claimant EE  
 P-14 Awaiting signed Right of Reimbursement form attorney  
 P-15 Awaiting st.verif.of med.pract.credent.to cert.dis medical info  
 P-17 Awaiting review of claim by Examiner review in process  
 P-18 Awaiting EDD response to referral reviewers decis.  
 P-19 Awaiting late file claim explanation from ER  
 P-20 Awaiting Soc Sec Award info  
 P-21 Awaiting preexisting condition information Management  
 P-22 Awaiting disability date - claim filed early Management  
 P-23 Awaiting Supervisor's review  
 P-24 Supervisor approved - awaiting payment calculation Med Release Form  
 P-25 Awaiting Nurse's review Plan benefit  
 P-26 Nurse approved - awaiting payment calculation Waiting for Response  
 P-27 Awaiting Physician file review Repayment Arrangement  
 P-28 Medical Director Approved-awaiting payment calc Arrangements  
 P-29 Waiting for Systems Manager to verify benefit calc Recovery  
 P-30 Awaiting other disability benefit information collection  
 P-31 Awaiting third party liability information calculation  
 P-32 Awaiting other employer/self-employment info DBS  
 P-33 Awaiting clarification of hours/days worked per wk Analysis  
 P-34 Supervisor reviewed - referred back to DBS Evaluation  
 P-35 Nurse reviewed - referred back to DBS to DBS  
 P-39 Awaiting return of ee's Release of Info (ROI) Disability Ret. Plan

#### Active Claim Status Reason Description

A-01 Claim approved for payment  
 A-02 Claim re-opened (had been suspended)  
 A-03 Claim re-opened (had been closed)  
 A-04 Active, non-returned Cont Benef Form prevents pymt  
 A-05 Claim re-opened (Pending a hearing decision)  
 A-06 Claim Approved - Limited to State Rate  
 A-07 Active, SS approved, Possible RTW candidate  
 A-08 Part-Time RTW with Physical Restrictions

#### Suspended Claim Status Reason Description

S-01 Extension of disability period yet to be approved  
 S-02 QAR voided or cancelled claim or expense check  
 S-03 Awaiting additional medical information  
 S-04 Awaiting Independent Medical Exam report  
 S-05 Awaiting clarification of hours/days worked per wk  
 S-08 Awaiting signed Right of Reimbursement form  
 S-09 Awaiting return of Continuing Disability Ben. Form  
 S-10 Awaiting Workers' Compensation Information  
 S-11 Repymnt Arrangmnts Appv'd-Ovrpymnt being Reimbrs'd  
 S-12 Awaiting Soc Sec Award info

S-52 RTW Full-Time with Modified Duty  
 S-53 Awaiting Response from Medical  
 S-54 Obtaining Claim Extension  
 S-55 Appeal of Term - awaiting info from  
 S-56 Appeal of Term - awaiting info from  
 S-57 Appeal of Term - awaiting add'l  
 S-58 Appeal of Term - complete claim  
 S-59 Appeal of Term-awaiting appeals  
 S-60 Appeal of Term - awaiting decision  
 S-61 Approved LTD - No STD Management  
 S-62 Approved WC - No SEDGWICK CMS  
 S-63 Approved RTWP - No SEDGWICK CMS  
 S-64 Awaiting Job Description  
 S-65 Awaiting return of signed ROR and  
 S-66 CVP benefit currently exceeds STD  
 S-67 Reimbursmnt of O/P Requested-  
 S-68 Financial Info Requested for  
 S-69 Pending Approval of Repayment  
 S-70 Referred to Collections for  
 S-73 Overpayment, client assisting with  
 S-74 Manager Approved - awaiting payment  
 S-75 Manager reviewed - referred back to  
 S-76 Awaiting Transferrable Skills  
 S-77 Awaiting Functional Capacities  
 S-78 Physician Reviewed - referred back  
 S-79 Appeal of Termination - State



P-40 Appeal of Denial - ERISA  
 Determination  
 P-41 Appeal of Denial - CVP  
 P-42 Appeal of Denial - Hawaii  
 Hearing  
 P-43 Appeal of Denial - New Jersey  
 Eligibility  
 P-44 Appeal of Denial - New York  
 employer.  
 P-45 Awaiting Medical Records Review  
 P-46 Claim Approved-Add'l Info Needed Prior to Payment  
 P-48 Awaiting Manager's Review  
 information  
 P-49 Manager reviewed - referred back to Supervisor  
 P-50 Awaiting Eligibility Review  
 to be approved  
 P-51 Referred to Medical Mgmt  
 Information  
 P-52 Awaiting Transferrable Skills Analysis  
 Confirmation  
 P-53 Awaiting Functional Capacities Evaluation  
 and Med Releas Section

S-13 Appeal of Termination - ERISA  
 S-14 Awaiting Death Certificate/Beneficiary Info  
 S-15 Awaiting st.verif.of med.pract.credent to cert.dis  
 S-16 Awaiting RTW info/Extension Date  
 S-22 Awaiting disability date - claim filed early  
 S-23 Awaiting Supervisor's review  
 S-24 Supervisor approved - awaiting payment calculation  
 S-25 Awaiting Nurse's review  
 S-26 Nurse Approved-awaiting payment calculation  
 S-27 Awaiting Medical Director's review  
 S-28 Medical Director approved - awaiting payment calc  
 S-29 Waiting for System Manager to verify benefit calc  
 S-30 Awaiting other disability benefit information

S-80 Awaiting Any Occupation Disability  
 S-81 Awaiting Disability Review  
 S-82 Appeal of Termination - County  
 S-83 Medically approved but Awaiting  
 S-84 Awaiting information from your  
 S-85 Appeal - Client Jurisdiction  
 S-86 Awaiting Expense Payment  
 S-87 MWG - Awaiting additional medical  
 S-88 Awaiting Re-certification  
 S-89 MWG - Ext of disability period yet  
 S-90 MWG - Obtaining Claim Extension  
 S-91 MWG - Awaiting Return to Work  
 S-92 MWG - Awaiting return of signed ROR

#### EXPLANATION OF CLAIM STATUS REASON, WORKERS COMP STATUS AND OFFSET CODES

##### Closed Claim Status Reason Description

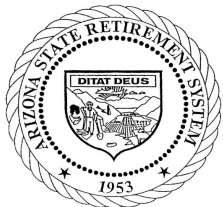
C-01 Denied - disab. began before eff. date of coverage  
 C-02 Denied - waiting period not satisfied  
 C-03 Closed - claims no longer processed by SEDGWICK CMS  
 C-04 Closed - total days paid exceed maximum allowed  
 C-05 Closed - No Claim for Continuing Benefits Form  
 C-06 Terminated - IME indicates claimant not disabled  
 C-07 Terminated - Claimant failed to appear for IME  
 C-08 Terminated - Claimant failed to appear for FCE  
 C-09 Denied - not a plan participant  
 C-10 Terminated - Returned to work  
 C-11 Denied - IME indicates claimant not disabled  
 C-12 Denied - claimant failed to appear for IME  
 C-13 Denied - Clients Vol Plan cvg expired - ref to EDD  
 C-14 Terminated - Ben auth'd thru current aprvd to date  
 C-15 Denied - claimant reject Vol.Plan cov.- ref.to EDD  
 C-16 Denied - Claimant failed to appear for FCE  
 C-17 Denied - Not under medical treatment  
 C-18 Terminated - Not under medical treatment  
 C-19 Denied - claim filed too late  
 C-20 Denied -Not under med trtmnt by a plan accepted Dr  
 C-21 Terminated-max# of wks.allow. by the State reached

##### Closed Claim Status Reason Description

C-64 Closed - Current medical not provided  
 C-65 Denied - Claimant not TD "Any OCC"  
 C-66 TD Due to narcotic drugs not covered  
 C-67 Closed - ECS Claim, no response from Doctor  
 C-68 Denied - vol plan ben. exceeds Erisa plan ben.  
 C-69 Denied - Ee's coverage ended prior to dis date  
 C-70 Denied - No SS Decision  
 C-71 Closed - SSA determination pending  
 C-72 Denied - Claimant never filed for Soc Sec  
 C-73 Closed - RTW on modified duty  
 C-74 Denied - Insufficient earnings req'd for coverage  
 C-75 Closed - transferred to another client/plan  
 C-76 Closed - No sick hours available.  
 C-77 Closed - JH Claim  
 C-78 Denied - Not Eligible for Benefits  
 C-79 Closed - Transferred to other Administrator  
 C-80 Terminated-Employee info for survivor claim  
 C-81 Terminated-Survivor Claim  
 C-82 Denied - Condition Excluded Under the Plan  
 C-83 Denied - No Claim Packet Received, Approved WC  
 C-84 Closed - Employer Reported EE Returned to Work

##### Offset Code Description

8 VOLUNTARY DIS. PLAN  
 9 3RD PARTY  
 10 DISABILITY PENSION  
 11 SHORT TERM DISABILITY BENEFITS  
 12 OVERPAYMENT  
 13 WAGES-RTW DIFF. EMPLOYER  
 14 SIMULTANEOUS COVERAGE BY STATE  
 15 WAGES-RTW SAME EMPLOYER  
 16 FAMILY SOCIAL SECURITY  
 19 WORK COMP PERM DISABILITY  
 21 EST. SOC SEC  
 22 SOCIAL SECURITY - RETIREMENT  
 23 75% TOTAL INCOME OFFSET  
 24 WORK COMP LUMP SUM AWARD  
 25 COLLECTION AGENCY FEE  
 26 SICK PAY RECVD  
 27 VACATION PAY RECVD  
 28 SECOND OVERPAYMENT  
 29 THIRD OVERPAYMENT  
 30 ENDING PAYOUT  
 31 55%(INITIALLY 50%)SURVIVOR BEN



C-22 Terminated-max# of wks allow. by the Plan reached  
 C-23 Terminated-maximum total benefit amount reached  
 C-24 Denied - claimant received full pay from employer  
 C-25 Terminated -Not under med trtmnt by plan accptd Dr  
 C-26 Terminated - Claimant never filed for SS  
 C-27 Terminated - Paid thru date reached ee term date  
 C-28 Terminated -appeal in favor of mandated state plan  
 C-29 Denied - No claim packet received  
 C-30 Terminated - No SS Decision  
 C-31 Terminated-alcohol related max reached  
 C-32 Terminated-drug related max reached  
 C-33 Terminated-mental related max reached  
 C-34 Terminated-"his occupation"max.months reached(LTD)  
 C-35 Terminated-"any occupation"max.months reached(LTD)  
 C-36 Terminated-max.months reached(LTD),soc.sec.denial  
 C-37 Terminated-max.months(LTD)in age/dur.table reached  
 C-38 Terminated-benef. paid to max.age provided by plan  
 C-39 Terminated - Med info doesn't support cont disblty  
 C-40 Denied -Medical info does not support disability  
 C-41 Denied -not under doctor's care for period claimed  
 C-42 Denied-limit to state plan level,insuf.BP earnings  
 C-43 Denied-not in author.drug/alcohol recovery facility  
 C-44 Denied - Internal SEDGWICK CMS decision reaffirmed  
 C-45 Terminated - Internal SEDGWICK CMS decision reaffirmed  
 C-46 Terminated - no response to request for req'd info  
 C-47 Denied-Survivor Claim  
 C-48 Closed - Overpayment referred to ASRS  
 C-52 Terminated-released by doctor-no exten.w/in 20days  
 C-53 Denied - appeal period expired  
 C-54 Denied - appeal in favor of mandated state plan  
 C-55 Closed - employee failed to file a claim form  
 C-56 Terminated - clmnt deceased no further ben payable  
 C-57 Denied - no reponse to request for required info.  
 C-58 Closed as an incorrect plan number was assigned  
 C-59 Closed claim was setup in error  
 C-60 Denied-pre-existing condition limitation of plan  
 C-61 Terminated - overpayment uncollectable  
 C-62 Denied - Franchise unit not covered by plan  
 C-63 Denied-State Award exceeds sal.cont.ben. (Memorial)

C-85 Closed - Claimant is on FMLA Leave  
 C-86 Closed - Referred to Employer's RTW Program  
 C-87 Closed - Employee Retired  
 C-88 Denied - Claimant not TD "Own Occ"  
 C-89 Terminated - Claimant not TD "Own Occ"  
 C-90 Terminated - Claimant not TD "Any Occ"  
 C-91 Closed - Referred to Treasurer Tax Collector  
 C-92 Closed - Referred to Auditor Controller  
 C-93 Denied - Clmt No Longer Pursuing Claim  
 C-94 Denied - Denial Appeal - County Hearing  
 C-95 Terminated - Termination Appeal - County Hearing  
 C-96 Denied - Final Decision, Reconsideration Affirmed  
 C-97 Closed - Workers Compensation Exceeds Plan Benefit  
 C-99 Closed - Gallagher Bassett Denied Claim

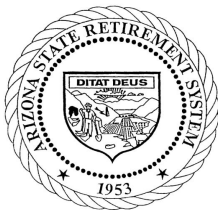
#### Workers Comp Status Code Description

DELY Employee has applied for WC benefits. No decision  
 LITG WC claim denied. Employee is litigating WC claim.  
 MEDO Medical Only  
 NONF Employee has chosen not to apply for WC.  
       PERM Claimant is receiving permanent WC benefits.  
       POTL Potential WC claim.  
 REJT Claimant's WC claim has been rejected.  
 TEMP Claimant is receiving temporary WC benefits.  
 VRIN Vocational Rehabilitation Interrupted  
 VRMA Vocational Rehabilitation Maintenance Allowance

#### Offset Code Description

1 SOCIAL SECURITY DISABILITY  
 2 WC. TEMP. DISABILITY  
 3 WC.VOCAB REHAB MAINT ALLOW  
 4 RETIREMENT  
 5 WAGES-2ND EMPLOYER  
 6 LAC EMPLOYER INCOME  
 7 STATE DISABILITY BENEFITS

32 SHARED SURVIVOR BENEFITS  
 33 USC VDI/STD I PLAN  
 34 VETERANS ADMIN DISABILITY  
 35 MOD FT RTW  
 36 OVERPAYMENT-SS  
 37 OVERPAYMENT-WC  
 38 OVERPAYMENT-3RD PARTY  
 39 OVERPAYMENT-RTW EARLY  
 40 OVERPAYMENT-RETIREMENT  
 41 OVERPAYMENT-MISC  
 42 ALL-SOURCE  
 43 OTHER INCOME  
 44 BLACK LUNG  
 45 TDD SALARY CONTINUATION  
 46 RAILROAD RETIREMENT  
 47 3RD PARTY ADMINISTRATOR  
 48 RAILROAD RETIREMENT DISABILITY  
 49 PAID TIME OFF  
 50 EXTENDED MEDICAL LEAVE  
 51 PENSION DISABILITY BENEFIT  
 \*\* EMPLOYER PAID OFFSET  
 \*\* DIGITAL OFFSET



## Section

# 6

## Contact Information

*(Last Updated: September 1, 2007)*

Our customer service will be able to assist you and claimants with any general claim questions you may have. If at any time our customer service is not able to assist you they will forward your call to the appropriate specialist listed below.

**If you have a question for Sedgwick CMS, you should dial (800) 495-9301 and use the following contact list as your guide for whom you should speak to regarding your question:**

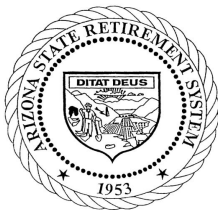
Claims are assigned to a Disability Benefit Specialist based on the last name of the employee. The assignment is subject to change without notice due to an increase in workload and increase in staff. As assignments are changed, you will be notified and an updated list will be provided. The current assignment is listed below.

<b>Specialists:</b>	<b>Ext#</b>	<b>Alpha Assignment</b>	<b>E-Mail Address</b>
Barbie Ross	3024	B, Y	<a href="mailto:Barbara.Ross@Sedgwickcms.com">Barbara.Ross@Sedgwickcms.com</a>
Bryan Stanwood	3092	S, Z	<a href="mailto:Bryan.Stanwood@Sedgwickcms.com">Bryan.Stanwood@Sedgwickcms.com</a>
Felisa Bonilla	5332	G, N, Wi-Wz	<a href="mailto:Felisa.Bonilla@Sedgwickcms.com">Felisa.Bonilla@Sedgwickcms.com</a>
Irene Fradkin	3095	E, I, O, X	<a href="mailto:Irene.Fradkin@Sedgwickcms.com">Irene.Fradkin@Sedgwickcms.com</a>
Jan Sioringas	5331	D, H	<a href="mailto:Janice.Sioringas@Sedgwickcms.com">Janice.Sioringas@Sedgwickcms.com</a>
Janet Guidicessi	3108	Ca-Car, Chaw-Cq	<a href="mailto:Janet.Guidicessi@Sedgwickcms.com">Janet.Guidicessi@Sedgwickcms.com</a>
Lorena Mendelsohn	3081	A, L	<a href="mailto:Lorena.Mendelsohn@Sedgwickcms.com">Lorena.Mendelsohn@Sedgwickcms.com</a>
Maria Alcala	3155	F, P	<a href="mailto:Maria.Alcala@Sedgwickcms.com">Maria.Alcala@Sedgwickcms.com</a>
Mary Jane Trifiro	5322	M, Wa-Wh	<a href="mailto:Maryjane.Trifiro@Sedgwickcms.com">Maryjane.Trifiro@Sedgwickcms.com</a>
Teri Irvin	5301	J, K, Q, T	<a href="mailto:Teri.Irvin@Sedgwickcms.com">Teri.Irvin@Sedgwickcms.com</a>
Wendy Escobedo	3031	R, U, V, Cas-Chav, Cr-Cz	<a href="mailto:Wendy.Escobedo@Sedgwickcms.com">Wendy.Escobedo@Sedgwickcms.com</a>

**Sedgwick's mailing address and fax number is:** Sedgwick CMS, Inc.  
P.O. Box 9830  
Calabasas, CA 91372-0830

**Fax: (818) 591-7664**





- **Claim Supervisor** – If you are unable to reach a DBS, a supervisor will be able answer your questions. You can speak with a supervisor if you have concerns with the status of a claim. Supervisors will have information regarding appeals or the appeal process.

**Carey Baker**      [Carey.Baker@Sedgwickcms.com](mailto:Carey.Baker@Sedgwickcms.com)      **Ext. 5304**  
**Shelley Biller**      [Shelley.Biller@Sedgwickcms.com](mailto:Shelley.Biller@Sedgwickcms.com)      **Ext. 3158**

- **Claim Manager** – If unable to reach a supervisor and /or you have concerns with the supervisors response feel free to contact the claims manager. The manager is able to answer any and all claims process questions.

**Meg Vanselow**      [Meg.Vanselow@Sedgwickcms.com](mailto:Meg.Vanselow@Sedgwickcms.com)      **Ext. 3170**

## **ACCOUNT MANAGER**

The Account Manager is your main contact to assist you with the Employer process. If you have questions regarding the Plan statues, change in employer contact information, report requests, or email notification questions the Account Manager will be able to assist you.

**Barry O'Dowd**  
[Barry.ODowd@sedgwickcms.com](mailto:Barry.ODowd@sedgwickcms.com)  
[BarryO@azasrs.gov](mailto:BarryO@azasrs.gov)

**Phoenix (602) 240-2133**  
**Tucson (520) 239-3100 Ext 2133**  
**FAX # (602) 240-5343**  
**(Outside Phoenix & Tucson)**  
**1-800-621-3778 Ext. 2133**